

South Africa

COUNTRY:
South Africa

IMPLEMENTING ORGANIZATION:
World Vision South Africa

PROJECT:
uThukela District Child Survival
Project/Intersectoral HIV/AIDS/
Microenterprise Development (MED)
Response Project

USAID FUNDING PERIOD:
January 2000-July 2002

USAID AMOUNT:
\$344,618

PURPOSE

The project goal is to strengthen the capacity of vulnerable individuals, households, and communities to respond to the economic, social, and health impact of HIV/AIDS. The project expands on previous work in the Bergville subdistrict of uThukela. Results of a participatory learning and action survey indicate that the populations being served include households headed by women, pensioners, and widows; and emerging child-headed households. The project will specifically strive to:

- Maintain or improve income for households with orphans or acutely ill family members;
- Increase financial abilities and decrease risk behavior among women and youth;
- Increase awareness of and response to HIV/AIDS among civil society, local institutions and groups, and vulnerable individuals;
- Improve the knowledge and skills of household members to provide care and support to chronically ill family members;
- Establish appropriate knowledge and awareness of caring for orphans;
- Document and share project experiences; and
- Ensure sustainability of effective project components.

Measurable outcome indicators have been established for the first five points in the list above. Interventions to achieve these objectives include the Dynamic Business Start-up (DBSU) program to train and support communi-

ty members in identifying and implementing a business; simple labor saving technologies (e.g., water carrying, irrigation); technical support for networking and collaboration within the community (e.g., household maintenance); home-based care linkages with other community activities; and quality of care indicators to monitor orphan well being and promote child rights.

KEY ACCOMPLISHMENTS

- A rapid household scan of every third household in Okhahlamba was taken (4,159 households interviewed), which generated data on household demographics, individual and household incomes, number of children without parents, and illness levels according to age;
- An in-depth, random economic survey was taken of people in households that care for orphans, ill family members, or that have neither;
- Community members are being mentored or are in training on how to start and develop their own businesses; and
- An Okhahlamba orphans team is facilitating the development of community responses to enhance the well-being of orphans.

PRIORITY ACTIVITIES, 2001-2002

- Further training and mentoring of community members in the DBSU program will continue, and will specifically include more households that have orphans, or ill family members;
- The program will be linked to the current home-based care project;

- Plans are underway to strengthen the capacity of the community-based orphan team;
- Prevention and care messages regarding well-being and HIV/AIDS for youth, women, and other community members will be developed; and
- Another rapid scan will be conducted and followed by an in-depth economic survey to assess the effect and relevance of business training and mentoring as an HIV/AIDS mitigation activity.

PROJECT MATERIALS AND TOOLS

- Output and outcome indicators;
- Home-based care training modules;
- Transformational leadership modules;
- Participatory Learning and Action survey results;
- Household scan report and tool; and

- Detailed household income and expenditure questionnaire.

CONTACT INFORMATION

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COUNTRY:
South Africa

USAID FUNDING PERIOD:
February 2000-September 2001

PROJECT:
Improving Community Care of Children
Affected by AIDS—Ndwedwe District
Child Survival Project

USAID AMOUNT:
\$350,000

IMPLEMENTING ORGANIZATIONS:
Medical Care Development International
(MCDI), DramAIDE, local Diakonia
Council of Churches

PURPOSE

The project tests community-based interventions designed to strengthen and improve the care and support of children affected by AIDS and concentrates on three levels of effort: preventing new HIV cases, strengthening the willingness and capacity of families and communities to care for orphans and vulnerable children, and supporting and improving home-based care of people living with AIDS. Direct beneficiaries are HIV/AIDS caregivers, community care and support workers and professionals who receive training from project staff, and youth in primary and secondary schools. Other beneficiaries include women of reproductive age and children who are orphaned due to AIDS, who are HIV-positive, and those living with an HIV-positive parent; and members of community health committees.

The prevention component includes school-based health clubs that promote AIDS awareness and healthy behaviors via entertainment and behavior change campaigns involving the Department of Health and the Diakonia Council of Churches. Home-based care for people living with AIDS includes training and support for volunteers, nutritional care and counseling, and pilot testing of drugs for opportunistic infections. Activities include material support, monitoring by community committee members who are trained to address the epidemic and its effect on populations, training in psychosocial support, pilot testing a crèche program for orphans and vulnerable children, microenterprise schemes, and strengthening regional and district-level AIDS councils.

KEY ACCOMPLISHMENTS

- 8 school health clubs were sponsored;
- 3 out of 7 community health committees have completed registers of orphans and vulnerable children in their area;
- The wealth ranking tool was developed as a participatory exercise with the Shangase community health committee to prioritize assistance to children affected by AIDS and has been translated into Zulu;
- Home-based care volunteers received follow-up training, including three five-day refresher training workshops;
- A new antenatal rapid testing site for HIV was established in Montebello hospital;
- Implementing workshops were held for communities in six tribal authorities on how to access child care and foster care grants from the Department of Welfare; and
- Action on AIDS workshops were held for church leaders of faith-based organizations, in collaboration with Diakonia.

PRIORITY ACTIVITIES, 2001

The project is in its final three months of activity, however, the top activities for the next quarter include:

- Improving the supervision and monitoring activities of the home-based care volunteers;
- Solidifying home-based care volunteer referral patterns;
- Counseling and testing training for nurses in HIV/AIDS and sexually transmitted infections;
- Initiating prioritization of assistance to children affected by AIDS who are most in need;
- Expanding wealth ranking and needs prioritization exercises to other project communities;
- Providing technical assistance to the Ndwedwe AIDS Task Team;

- Training church leaders in faith-based organizations in promoting HIV/AIDS prevention and providing assistance to people living with HIV/AIDS; and
- Training the last group of home-based care volunteers.

PROJECT MATERIALS AND TOOLS

- In-service training modules for home-based care volunteers;
- Rapid testing algorithms;
- Wealth ranking instrument for the level of need assessment;
- Workshop guidelines for accessing government grants for children affected by AIDS; and
- Output indicators for school HIV prevention activities.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Rapid testing protocols for HIV and syphilis;
- Home-based care (volunteer training and supervision); and
- Participatory learning activities for community-level planning and needs identification.

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COUNTRY:
South Africa

USAID FUNDING PERIOD:
October 1999-June 2002

PROJECT:
Community-Based Care and Support for Orphans and Vulnerable Children—Siyawela Project

USAID AMOUNT:
\$600,000

IMPLEMENTING ORGANIZATIONS:
HOPE Worldwide, Family Health International/IMPACT

PURPOSE

HOPE Worldwide forms comprehensive care systems that integrate care and support for orphans and other vulnerable children into existing community-based prevention and care activities. The project links care and prevention of HIV through home-based care, community mobilization, and referral networks. HOPE Worldwide, with technical assistance from Family Health International/IMPACT, developed a community mobilization approach to create a community support system for orphans and vulnerable children, which included nutritional support; recreational activities; life skills; and assistance with counseling, disclosure, and future planning. The project strengthens links between the community and the Perinatal HIV Research Unit at the Chris Baragwanath Hospital in Soweto to provide a continuum of care through voluntary counseling and testing. The project serves orphans, vulnerable children, HIV-infected children, and persons with AIDS, home caregivers, and family and community members in Soweto.

KEY ACCOMPLISHMENTS

- Support groups for children were established within the adult support groups (some support groups include only after-school activities);
- Staff members were trained in home-based care, social auxiliary work, psychosocial support for children, and community mobilization tools;
- 3 task teams for orphans and vulnerable children were established with various working groups (health, poverty and job creation, education, recreation, abuse, cultural, and environment);

- A referral and follow-up system to community care and support services was developed and implemented;
- Welfare grants to clients were facilitated; and
- Promotional and educational brochures were developed.

PRIORITY ACTIVITIES, 2001–2002

- Community mobilization will continue through workshops and networking of orphans and vulnerable children task teams and working groups;
- A resource center for network capacity building will be established;
- A referral and follow-up system will be established;
- Close relationships will be developed with care and support service providers;
- The child support groups will be enhanced; and
- An education campaign for voluntary counseling and testing for the general population (not just pregnant women) will be promoted.

PROJECT MATERIALS AND TOOLS

- Project program summary, brochures, and referral and follow-up guidelines.

TECHNICAL ASSISTANCE

The project can provide expertise for other orphans and vulnerable children projects in the following areas:

- Mentoring, training, and/or networking in monitoring and evaluation;
- Community mobilization;
- Linking care and prevention; and
- Home-based care.

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COUNTRY:

South Africa

USAID FUNDING PERIOD:

September 2000-October 2003

PROJECT:

Strategic Response to Improving the Well-Being Of Orphans and Vulnerable Children in South Africa

USAID AMOUNT:

\$5 million

IMPLEMENTING ORGANIZATIONS:

The Nelson Mandela Children's Fund (NMCF) and four community building and catalyst organizations (CCOs) in KwaZulu-Natal:

Community Law and Rural Development Centre (CLRDC)

Africa Centre for Population Studies and Reproductive Health (Africa Centre)

KwaZulu Natal Christian Council (KZNCC)

Zululand Chamber of Business Foundation (ZCBF)

PURPOSE

The Nelson Mandela Children's Fund (NMCF) seeks to strengthen household and community capacity to develop sustaining approaches that support orphans and other vulnerable children. The project aims to reach an estimated 250,000 orphans and other vulnerable children in 10 HIV/AIDS-impacted communities, across four provinces of the country. NMCF employs four strategies:

- Forms partnerships to mobilize multisectoral community initiatives. NMCF will identify strategic partners known as catalyst and capacity-building organizations that will receive funding, training, and technical assistance to work with communities in responding to the needs of orphans and vulnerable children.

- Issues grants to nongovernmental and community-based organizations. In response to emerging and innovative initiatives, NMCF funds organizations directly.
- Tests, through partnerships with microfinance institutions, the "marriage" of social development activities and economic strengthening initiatives. Partners will develop innovative financial products and provide business support services to targeted households, and/or communities supporting orphans and vulnerable children.
- Contributes to the establishment of a national policy framework and strategic plan to assist orphans and vulnerable children as well as to strengthen networks of government and nongovernmental

services. NMCF will advocate for policy changes across government sectors to ensure positive impact on orphans and vulnerable children. A first priority for change is policymaker preference for community-based care of orphans and vulnerable children rather than institutional care.

KEY ACCOMPLISHMENTS

- Catalyst and capacity-building organizations in KwaZulu Natal were appointed;
- Initial training on community mobilization was held with these organizations;
- The National Aids and Children's Task Team (NACTT) became involved;
- Discussions held with government departments of Social Development, Welfare and Education with the goal of forming partnerships. This is particularly important to avoid duplicate services at the local level.
- Partnerships were formed and discussions held with community-based organizations regarding local conditions at each site.

PRIORITY ACTIVITIES, 2001–2002

- Site selection will be finalized for the remaining pilot sites and key partners will be appointed;
- A baseline survey will be completed for all 10 sites, which will lead to program planning;
- Funding for innovative approaches to orphans and vulnerable children will be sought;

- An advocacy strategy will be developed; and
- Microfinance initiatives will begin.

PROJECT MATERIALS AND TOOLS

- These are in development, but NMCF has a comprehensive list of indicators that were developed, and will be applied at local level by the implementing agencies.

TECHNICAL ASSISTANCE

- NMCF has strong links with the South African government from an organizational perspective, as well as links through NMCF board of trustees.

CONTACT INFORMATION

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